



January 19, 2018

U.S. EPA, Region VIII
Enforcement, Compliance and Environmental Justice
1595 Wynkoop Street
Denver, CO 80202-1129

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Office of Enforcement
Compliance & Environmental Justice

ND

**RE: 40 CFR 60 - Subpart OOOOa; Annual Report
Denbury Onshore, LLC
Reporting Period: 8/2/2017 to 12/31/2017**

On behalf of Denbury Onshore, LLC (Denbury), and in accordance with 40 CFR 60.5420a, please find enclosed the corresponding report for the affected sources located in North Dakota for the referenced owner/operator. This report covers the time period of 8/2/2017 to 12/31/2017.

If any additional information regarding this matter is required, please contact me at 972-673-2132. All written correspondence should be directed to my attention at: **Denbury Onshore, LLC, 5320 Legacy Drive, Plano, TX 75024.**

Sincerely,
DENBURY ONSHORE, LLC

A handwritten signature in dark ink, appearing to read "Kevin Hendricks".

Kevin Hendricks

Enclosures

xc: North Dakota Department of Health - Jim Semerad - jsemerad@nd.gov

40 CFR 60 - SUBPART OOOOa; ANNUAL REPORT

Reporting Period: 8/2/2017 to 12/31/2017

General Information	
Company Name: Denbury Onshore, LLC	
Mailing Address	
Street: 5320 Legacy Drive	
City: Plano	Zip Code: 75024
State: TX	
Responsible Official	
Name:	Title:
Email:	Phone:
Technical Contact	
Name: Kevin Hendricks	Title: Environmental Compliance Coordinator
Email: Kevin.Hendricks@denbury.com	Phone: 972-673-2529
Affected Facilities	Included in this report?
Wells	NO
Centrifugal Compressors	NO
Reciprocating Compressors	NO
Continuous Bleed Pneumatic Controllers	NO
Storage Vessels	NO
Pneumatic Pumps	NO
Collection of Fugitive Emissions Components at a Well Site/Compressor Station	YES

Certification

I hereby certify that, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate, and complete.

Nikolas Wood

Name of Responsible Official

VF North Region

Title



Signature of Responsible Official

1-21-18

Date Signed

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Field value will automatically generate if a value is not entered.)	Company Name * (60.5420a(b)(1)(i))	Facility Site Name * (60.5420a(b)(1)(i))	US Well ID or US Well ID Associated with the Affected Facility, if applicable. * (60.5420a(b)(1)(i))	SITE INFORMATION						ALTERNATIVE ADDRESS INFORMATION (IF NO PHYSICAL ADDRESS AVAILABLE FOR SITE *)			REPORTING INFORMATION		PE Certification		ADDITIONAL INFORMATION	
				Address of Affected Facility * (60.5420a(b)(1)(i))	Address 2	City *	County *	State Abbreviation *	Zip Code *	Responsible Agency Facility ID (State Facility Identifier)	Description of Site Location (60.5420a(b)(1)(i))	Latitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (60.5420a(b)(1)(i))	Longitude of the Site (decimal degrees to 5 decimals using the North American Datum of 1983) (60.5420a(b)(1)(i))	Beginning Date of Reporting Period. * (60.5420a(b)(1)(i))	Ending Date of Reporting Period. * (60.5420a(b)(1)(i))	Please provide the file name that contains the certification signed by a qualified professional engineer for each closed vent system routing to a control device or process. * (60.5420a(b)(1)(i)) Please provide only one file per record.	Please enter any additional information.	Enter associated file name reference.
	e.g.: ABC Company	e.g.: XYZ Compressor Station	e.g.: 12-345-67890-12	e.g.: 123 Main Street	e.g.: Suite 100	e.g.: Brooklyn	e.g.: Kings County	e.g.: NY	e.g.: 11221		e.g.: 7 miles NE of the intersection of Hwy 123 and Hwy 456	e.g.: 34.12345	e.g.: -101.12345	e.g.: 01/01/2016	e.g.: 06/30/2016	e.g.: Certification.pdf or XYZCompressorStation.pdf		e.g.: addInfo.zip or XYZCompressorStation.pdf
1	Denbury Onshore, LLC	Sheff Creek CTB	N/A				Bowman	ND		CTB No. 413695	1 miles SW of the intersection of 88th Ave W and 163rd Ave SW. 1.3 miles southwest of the intersection of 88th Ave W and 163rd Ave SW.	46.13501	-103.77669	8/2/2017	12/31/2017			
2	Denbury Onshore, LLC	Egeland CTB	N/A				Bowman	ND		NDM 90784X	1.1 miles west of the intersection of 163rd Ave SW and 88th St SW.	46.12207	-103.83505	8/2/2017	12/31/2017			
3	Denbury Onshore, LLC	Erickson CTB	N/A				Bowman	ND		NDM 90784X		46.14678	-103.78829	8/2/2017	12/31/2017			

40 CFR Part 60 - Standards of Performance for Crude Oil and Natural Gas Facilities for
which Construction, Modification or Reconstruction Commenced After September 18,
2015 - 60.5420a(b) Annual Report

The asterisk (*) next to each field indicates that the corresponding field is required.

Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Affected Facility * (§60.5420a(b)(1))	Date of Survey * (§60.5420a(b)(7)(i))	Survey Begin Time * (§60.5420a(b)(7)(ii))	Survey End Time * (§60.5420a(b)(7)(iii))	Name of Surveyor * (§60.5420a(b)(7)(iii))	Ambient Temperature During Survey * (§60.5420a(b)(7)(iv))	Sky Conditions During Survey * (§60.5420a(b)(7)(iv))	Maximum Wind Speed During Survey * (§60.5420a(b)(7)(iv))	Monitoring Instrument Used * (§60.5420a(b)(7)(v))	Deviations From Monitoring Plan (If none, state none.) * (§60.5420a(b)(7)(vi))
	e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 10:00 am	e.g.: 1:00 pm	e.g.: John Smith	e.g.: 90°F	e.g.: Sunny, no clouds	e.g.: 2 mph	e.g.: Company ABC optical gas imaging camera	e.g.: None
1	Skull Creek CTB	8/15/2017	08:55 AM	09:16 AM	Kyle Haag	61°F	Cloudy	5 mph	FLIR GF320 44401642	None
2	Egeland CTB	8/14/2017	12:27 PM	02:18 PM	Kyle Haag	67°F	Mostly Cloudy	19 mph	FLIR GF320 44401642	None
2	Egeland CTB	8/15/2017	09:33 AM	09:53 AM	Kyle Haag	62°F	Cloudy	5 mph	FLIR GF320 44401642	None
2	Egeland CTB	8/15/2017	09:33 AM	09:53 AM	Kyle Haag	62°F	Cloudy	5 mph	FLIR GF320 44401642	None
3	Erickson CTB	8/14/2017	09:22 AM	11:07 AM	Kyle Haag	64°F	Mostly Cloudy	25 mph	FLIR GF320 44401642	None

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Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Affected Facility * (§60.5420a(b)(1))	Date of Survey * (§60.5420a(b)(7)(i))	Type of Component for which Fugitive Emissions Detected * (§60.5420a(b)(7)(vii))	Number of Each Component Type for which Fugitive Emissions Detected * (§60.5420a(b)(7)(vii))	Type of Component Not Repaired as Required in §60.5397a(h) * (§60.5420a(b)(7)(viii))	Number of Each Component Type Not Repaired as Required in § 60.5397a(h) * (§60.5420a(b)(7)(viii))	Type of Difficult-to- Monitor Components Monitored * (§60.5420a(b)(7)(ix))	Number of Each Difficult- to-Monitor Component Type Monitored * (§60.5420a(b)(7)(ix))	Type of Unsafe-to-Monitor Component Monitored * (§60.5420a(b)(7)(ix))
	e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: Valve	e.g.: 3	e.g.: Valve	e.g.: 1	e.g.: Valve	e.g.: 1	e.g.: Valve
1	Skull Creek CTB	8/15/2017	Connector	1	N/A	0	N/A	0	N/A
2	Egeland CTB	8/14/2017	Connector	1	N/A	0	N/A	0	N/A
2	Egeland CTB	8/15/2017	Thief Hatch	1	N/A	0	N/A	0	N/A
2	Egeland CTB	8/15/2017	Thief Hatch	1	N/A	0	N/A	0	N/A
3	Erickson CTB	8/14/2017	Connector	1	N/A	0	N/A	0	N/A

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Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Affected Facility * (§60.5420a(b)(1))	Date of Survey * (§60.5420a(b)(7)(i))	Number of Each Unsafe-to- Monitor Component Type Monitored * (§60.5420a(b)(7)(ix))	Date of Successful Repair of Fugitive Emissions Component * (§60.5420a(b)(7)(x))	Type of Component Placed on Delay of Repair * (§60.5420a(b)(7)(xi))	Number of Each Component Type Placed on Delay of Repair * (§60.5420a(b)(7)(xi))	Explanation for Delay of Repair * (§60.5420a(b)(7)(xii))	Type of Instrument Used to Resurvey Repaired Components Not Repaired During Original Survey * (§60.5420a(b)(7)(xii))
	e.g.: Well Site ABC	e.g.: 8/13/17	e.g.: 1	e.g.: 11/10/16	e.g.: Valve	e.g.: 1	e.g.: Unsafe to repair until next shutdown	e.g.: Company ABC optical gas imaging camera
1	Skull Creek CTB	8/15/2017	0	9/12/2017	N/A	0	N/A	FLIR GF320 44401642
2	Egeland CTB	8/14/2017	0	9/12/2017	N/A	0	N/A	FLIR GF320 44401642
2	Egeland CTB	8/15/2017	0	9/12/2017	N/A	0	N/A	FLIR GF320 44401642
2	Egeland CTB	8/15/2017	0	9/12/2017	N/A	0	N/A	FLIR GF320 44401642
3	Erickson CTB	8/14/2017	0	8/14/2017	N/A	0	N/A	FLIR GF320 44401642

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Facility Record No. * (Select from dropdown list - may need to scroll up)	Identification of Each Affected Facility * (§60.5420a(b)(1))	Date of Survey * (§60.5420a(b)(7)(i))	OGI	Compressor Station Affected Facility Only	
			Training and Experience of Surveyor * (§60.5420a(b)(7)(iii))	Was a monitoring survey waived under § 60.5397a(g)(5)? * (§60.5420a(b)(7))	If a monitoring survey was waived, the calendar months that make up the quarterly monitoring period for which the monitoring survey was waived. * (§60.5420a(b)(7))
e.g.: Well Site ABC		e.g.: 8/13/17	e.g.: Trained thermographer; completed 40-hour course at XYZ Training Center. Has 10 years of experience with OGI surveys.	e.g.: Yes	e.g.: January; February; and March
1 Skull Creek CTB		8/15/2017	Infrared training center certified thermographer; Has 4 months experience.	N/A	N/A
2 Egeland CTB		8/14/2017	Infrared training center certified thermographer; Has 4 months experience.	N/A	N/A
2 Egeland CTB		8/15/2017	Infrared training center certified thermographer; Has 4 months experience.	N/A	N/A
2 Egeland CTB		8/15/2017	Infrared training center certified thermographer; Has 4 months experience.	N/A	N/A
3 Erickson CTB		8/14/2017	Infrared training center certified thermographer; Has 4 months experience.	N/A	N/A